



**Affidavit by Spouse for Waiver of Fingerprinting and/or Personal  
History Record and Background Disclosure Form  
for Charitable Gaming Licensees**

Date

**SECTION I — Applicant's Information**

Last Name	First Name	Middle Name	Social Security Number
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**SECTION II — Charitable Gaming License Information**

Business Name	Nebraska I.D. or Social Security Number
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Type of License:

☐ Bingo/Pickle Card Distributor

☐ County/City Lottery Operator or Sales Outlet Location

☐ Bingo/Pickle Card Manufacturer

☐ County/City Lottery Manufacturer-Distributor

**SECTION III — Spouse's Information**

Last Name	First Name	Middle Name	Social Security Number
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Alias(es), Nickname(s), Maiden Name, Other Name Changes, Legal or Otherwise	Date of Birth
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Present Residence Address, Street or RFD	City, Post Office	State	Zip Code
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**AFFIDAVIT**

The undersigned individual acknowledges that he/she will have no proprietary interest, directly or indirectly, in the operation or profit derived from the activities of his or her spouse as a corporate stockholder, corporate debtholder, corporate officer, corporate director, partner, manager, or limited liability company member of the business named in this affidavit and applying for or holding the charitable gaming license(s) identified in Section II of this form. The undersigned further states that he/she will not actively assist or advise in the conduct of the activities of his/her spouse in his/her capacity as a corporate stockholder, corporate debtholder, corporate officer, corporate director, partner, manager, or limited liability company member of the business named in this affidavit.

Under penalties of law, I declare that I have examined this affidavit, and to the best of my knowledge and belief, it is correct.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Spouse's Signature

Subscribed in my presence and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Seal

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